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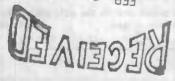
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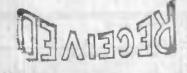
1	-/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem of FilmG212 3-11-57 et CERTIFICATE OF DEATH Page 18th No. 25/
filed with		PLACE OF DEATH o. COUNTY MARYLAND PLACE OF DEATH o. COUNTY MARYLAND PLACE OF DEATH o. STATE MARYLAND O. STATE MARYLAND PLACE OF DEATH Reg. Dist. No. () > () COUNTY D. COUNTY D. COUNTY
be pe		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the fund d 2 should	00	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
fill, d.;		NAME OF DECEASED (Type or print) A LIEE NORELAND DAY YEAR OF DEATH DEL 19 1957
completely fill popers. Pages		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1883 P. AGE (In years last birthday) WIDOWED DIVORCED DIVORCED NEVER MARRIED NOT BOUNDER 24 HRS. ON THE PROPERTY YEAR IF UNDER 24 HRS. Months Days Hours Min.
	1	DO. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11/8 BIRTHPLACE (Stoke or foreign, country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
sicion ve carl	-	Leorge Moreland Georgeanna Starkey 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
attending phy please rema within 72 had	6	Yes, no. or unknown] (If yes, give wor or dates of service) 215-38-0710 mad Wilbert Jarvis Cherch Tell 18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c).]
the atter Then ple		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
gned by permit.		Conditions, if ony, which gove rise to immediate cotise (o), stating the under DUE TO DUE TO DUE TO DUE TO
been sig fransit p		PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{PS} \)
ding phase base burial-	-0	YES NO BY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING AUSS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or often s certific use as the		20c. TIME OF INJURY Month, Day, Year Hour o. m. 20d. INJURY OCCURRED While Not while foctory, street, office bldg., etc.] (County) (State)
After thined for u		21. I certify that I attended the deceased from Fold 12, 1931, to Feb 19, 1921, that I last saw the deceased
ECTOR:) ce detach		olive an
AL DIR	5	PHYSICIAN'S NAME (Type)
may be page		20. GURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county). (Stote)
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BUREAU V. S.

FEB 25 1957



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FEB 20 1957

BUREAU V. S.

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YES NO

PERFORMED? YES T

NO

(State)

DATE SIGNED

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24b. REGISTRAR'S SIGNATURE

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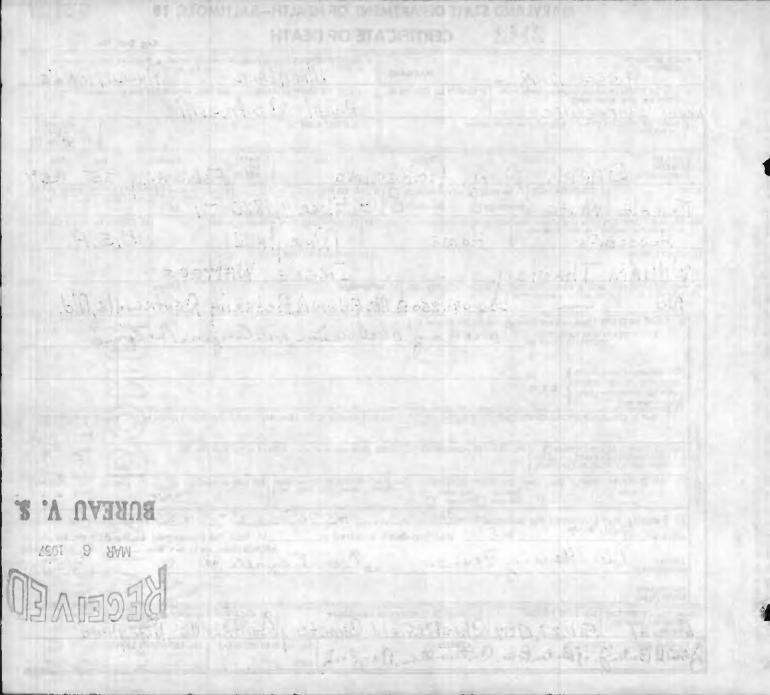
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REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATE



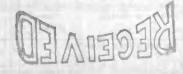
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*			2144 CERTIFICATE OF DEATH Reg. Dist. No. 759
Poge director		1.	PLACE OF DEATH D. COUNTY D. STATE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. STATE D. COUNTY D. COUNTY
r death: funeral		14	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Was - Guesstown C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
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NDING e hospit : After ched fo uriol, cr			21. I certify that I attended the deceased from 1951, to 1957, that I last saw the deceased alive on 1851, 1957, and that death occurred at 185 M, from the causes and on the date stated above
R ATTE d by th RECTOR be deto	,		ACTUAL SIGNATURE ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. Descenden M.D. Date SIGNED
retaine RAL DII	1		PHYSICIAN'S I-vin G. HONTMD
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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